Nourishing Beginnings: An Innovative Cross-Organization Collaboration to Improve Maternal and Infant Health

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INTRODUCTION

- Cleveland has one of the highest rates of infant mortality nationally (7.58 mortality rate compared to the nationwide figure of 5.8)
- Specifically, infant mortality is highest for Black babies (15.5 mortality rate compared to white babies at 3.8)
- Food insecure pregnant women are more likely to have health challenges that are:
  - Present at the beginning of pregnancy
  - Often caused by stress, depression and anxiety
  - Related to their food status
  - Contributing to poor birth outcomes (i.e., low birthweight and preterm birth).

- Socioemotional support, like that provided by a Community Health Worker (CHW) may help to buffer pregnant women against stressors related to food insecurity during pregnancy.
- Specifically, CHWs can provide education and support regarding nutrition to improve maternal health and birth outcomes through increased food security, maternal nutrition and health status, and stress reduction.
- This study will capitalize on a dual effectiveness of care coordination and access to mobile resources through a community partnership
- Nourishing Beginnings is currently in the IRB approval phase

MATERIALS & METHODS

- Partnership of care coordination between CWRU, Cleveland Foodbank, and the BetterHealth Hub
- We will recruit 80 pregnant (<24 weeks) food insecure women in Cleveland.
- By the end of the care coordination that participants receive in the BetterHealth Hub, they will:
  - All receive a kitchen assessment and be provided basic cooking tools and utensils and personalized, quick and easy recipes to supplement pre- and post-natal health
  - Either receive boxed food items every other week from the Cleveland Foodbank containing fresh, quality ingredients to make healthy meals at home.
  - Foods are unprocessed, highly nutritious, and customized to the participant’s food preferences
  - Boxes are sized to feed all members of the household
  - Participants provide monthly feedback on the food boxes (either directly or electronically)
- Training from the CHW about how to find healthy and affordable foods near home

- The food for Healthy Programmers will be a program designed to support women in extending food and cooking during pregnancy. This is a research intervention to help reduce food insecurity during pregnancy. Typically when you’re being provided right over your food, and health-related experiences; we could refer to your local food bank to help make sure you’re able to get the foods you need in your community. Health, nutrition, in your eligibility in excess services.

KEY INVESTIGATORS

- Professors and Practice
eering work in collaboration with Better Health Partnership and the Cleveland Foodbank, we are designing a program that helps address food insecurity, and health, and nutrition indicators during pregnancy in improving both the health and baby health outcomes, by reducing stress and anxiety that comes associated with their food insecurity.

- Food insecurity and health: The relationship of food insecurity and health is a complex one and is often associated with poor health outcomes. The relationship between food insecurity and health is bidirectional and can lead to a cycle of poor health outcomes and increased food insecurity. The goal of this project is to develop a sustainable intervention to improve health outcomes by addressing food insecurity.

- FEEDING INQUIRY

- If you are a participant, you will be asked if the study that will last 1.5 hours and end with a feedback session. All feedback sessions will be conducted in groups of 2-5 participants. All feedback sessions will be conducted in groups of 2-5 participants. All feedback sessions will be conducted in groups of 2-5 participants. All feedback sessions will be conducted in groups of 2-5 participants.

- The groups will be divided into the following categories:
  - Group 1: Participants who will receive a box of food each month for 6 months
  - Group 2: Participants who will receive a box of food each month for 6 months
  - Group 3: Participants who will receive a box of food each month for 6 months
  - Group 4: Participants who will receive a box of food each month for 6 months

- After completing this practicum, the student will have an in-depth understanding of the myriad factors leading to food insecurity for individuals in Cleveland neighborhoods.
- Throughout the practicum, the student will work with members from varied organizations and partnerships to provide health interventions to the Greater Cleveland Community.
- After completing this practicum, the student will successfully identify the role psychosocial and environmental variables impacting health in Cuyahoga County.

LEARNING OBJECTIVES

- Creation of materials to support recruitment efforts and effectively explain the project
- Provide input on project design and methodology
- Apply and implement theoretical underpinnings learned in class curriculum to real world problems and learn about the Cleveland community organizations and partnerships

EXPECTED RESULTS

- Dietary behavior, psychosocial health, health care utilization, and health outcomes for the mother and baby will be tracked. Critical implementation points (referral, food delivery, communications) will also be assessed and brief intervention programs will be compared to a matched comparison group derived from local MCO claims data for the same time period.
- We hypothesize the interventions will improve long-term health outcomes (i.e., maternal and baby) both directly and mediated through a set of proximal outcomes, including prenatal care, food security, diet and nutrition, and psychosocial factors such as depression, stress, anxiety and social support. We are interested both in the change that occurs across four time points (baseline, mid-pregnancy, delivery, 6 months post-delivery) and how the potential change is associated with maternal and baby outcomes.

CONCLUSIONS

- This project aims to demonstrate the successful coordination between Cleveland’s community-based organizations to provide a critical-needed resource to its pregnant residents.
- The result of that collaboration is the proposed study which tests two different models of food access (direct delivery and financial incentive with personalized navigation).
- Successful reduction in poor birth outcomes or health care utilization as a result of a CHW-led nutrition intervention coupled with favorable return on investment analyses and scalable workforce development represent an opportunity to create a financially sustainable coordinated approach to reducing the high and disproportionate levels of infant mortality in our community.

REFERENCES


Script for P&I form: I hereby certify that between the dates of better health partner and infant health

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